

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	/						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10							60								
11	/						61								
12							62								
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20		/					70								
21		/					71								
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23	/						73								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	20						TOTAL DEP.								
TOTAL CLAIMS	24						TOTAL CLAIMS								